

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99782 Office of Registrar of Vital Statistics.

Ward 6<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 13, 1887

Full Name of Deceased, Frank Johnson  
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, Male  
Cross out the word not required in this line.

Age, 38 Years, 0 Months, 0 Days.

Color, Colored.

Married, Single, Widow or Widower, Single  
Cross out the words not required in this line.

Occupation, Fish Dealer

Birth Place, Chester town, Md.  
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, 1702 McMillan  
Give Street and Number.

Cause of Death, Pneumonia (Double)  
Asphyxia  
One day  
First (Primary),  
Second (Immediate).

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Volney Cemetery

Date of Burial, May 14 - 1887

Undertaker, M. M. Madder

Place of Business, 46 East St. Address, 2000 E. Baltimore St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99783 Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death,

May 13 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Walter Garfield Frazer

Sex, Male or Female, {Cross out the word not required in this line.}

male

Age,

Years,

1

Months,

Days.

Color,

white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

☒

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.}

311 Ringgold St

Cause of Death, {First (Primary),}

Whooping cough

{Second (Immediate),}

Convulsion

Duration of Last Sickness,

20 days

All the above information should be furnished by the Physician.

Place of Burial, Wesley

Date of Burial, May 15

{Undertaker, Joseph Black}

Geo R Graham M. D.

Medical Attendant.

{Place of Business, 1007 W Baltimore}

Address 725 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99784 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 18<sup>th</sup> 1897.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elisabeth Neom Taylor.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, White Years, 7 Months, 24 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Ball Ind. ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt. Ind.

Duration of Residence in the City of Baltimore, 128 S. Carey

Place of Death, { Give Street and Number. }

128 S. Carey

Cause of Death, { First (Primary), Second (Immediate), }

Angels

Pulmonary Congestion

me thick

Duration of Last Sickness, me thick

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetery

Date of Burial, May 17

Undertaker, Joseph B. Cook

Lotis H. Horn

M. D.

Medical Attendant.

Place of Business, 003 W. Baltimore Address, 697 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99785 Office of Registrar of Vital Statistics. Ward 13<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 12<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta Jackson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, 13 Days.

Color, Col.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } No 155 Vine Street

Cause of Death, { First (Primary), Second (Immediate), } Senility  
Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp's H. Cem.

Date of Burial, May 14<sup>th</sup> 1887 W. S. Tilcomb, M. D.

{ Undertaker, Wm. H. Gray Medical Attendant.

{ Place of Business, 210 Mulberry Address, 836 N. B. alt. etc

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99786 Office of Registration & Statistics.

Ward 9<sup>11</sup>/<sub>4</sub>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 13<sup>th</sup> 1887

Full Name of Deceased, Edward H. Jones  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 5 Months, 4 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 402 Sharp St

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), } Phtisis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Ind.

Date of Burial, May 15<sup>th</sup> 1887

Undertaker, Deputy J. Mitchell Edward Costa M. D.

Place of Business, W. Fayette St Address, 378 Harrison St Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

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HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9978 Office of Registrar of Vital Statistics. Ward 5<sup>th</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 14<sup>th</sup> 87

Full Name of Deceased, Oscar B. Gladung { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male { Cross out the word not required in this line. }

Age, 7 Years, 7 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Life

Birth Place, Baltimore City { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 1162 Low St. { Give Street and Number. }

Cause of Death, Spasms { First (Primary), Second (Immediate), }

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, May 14<sup>th</sup> 87

Undertaker, Henry Heck Mrs. A. Steiner M. D.

Place of Business, 1162 Low St. Address, 1162 Low St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

L. D. Fitzgerald Sanitary Inspector

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99788 Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 12<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin J. McDonough

Sex, Male ~~Female~~ { Cross out the word not required in this line. }

Age, 31 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Book Keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 23 yrs.

Place of Death, { Give Street and Number. } 2104 Baulk St.

Cause of Death, { First (Primary), Second (Immediate), } Acute Phthisis

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 15<sup>th</sup> 1887

{ Undertaker, W. Clarke & Co. R. W. Mansfield M. D.

Medical Attendant.

{ Place of Business, 92 P. A. Address, 129 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99789 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 14/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah E. Roberts

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, white Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bald city

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 602 S. Broadway

Cause of Death, { First (Primary), Second (Immediate), } Scarlet fever

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park Cemetery

Date of Burial, May 15<sup>th</sup> 1887

{ Undertaker, Denny Smith R. W. Mansfield M. D.

Medical Attendant.

{ Place of Business, 208 S. Broadway Address, 129 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 99790

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99790 Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 13 1887.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Andrew Langer.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

69

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Tailor

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baden - Germany

Duration of Residence in the City of Baltimore,

31 years

Place of Death,

{ Give Street and Number. }

Md. Univ. Hospital Green & Lomb

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Bright's Disease

Uremic Convulsions

Duration of Last Sickness,

1 day

All the above information should be furnished by the Physician.

Place of Burial,

Holy Redeemer Cem.

Date of Burial,

May 14 87

{ Undertaker,

E. France

M. D.

Medical Attendant.

{ Place of Business,

320 N. & Wolfe Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 14 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret A. Downing

Sex, Male or Female, { cross out the word not required in this line. }

Age, 50 — Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 1725 Madison Ave.

Cause of Death, { First, (Primary,) Apparently Sepsis  
Second, (Immediate,) Supposed to be Scurvy of the Liver and Spleen  
about 4 months

Duration of last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, May 16<sup>th</sup> 1887

Undertaker, Stewart & Morgan in part

Place of Business, 245 & 217 Park Ave. Address, 602 N. Carey St.

M. D. Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[9742]